

Columbia Observed Trials Association

2010 Membership Form

As a member of "COTA" you will be entitled to event e-mail notifications and 12 months of fun or competition riding! Competition Series will score your best 8 of 10 finishes. Lets have fun!

Please fill out the form completely, be sure to select the appropriate membership option and detail all family members who will be riding club events. Family membership is for immediate family only.

Primary Member _____	Class _____	<u>Event Classes:</u>
Family Member _____	Class _____	Novice
Family Member _____	Class _____	Intermediate
Family Member _____	Class _____	Advanced
Address _____		Expert
City _____	State _____ ZIP _____	Champ
Home Phone _____	Mobile Phone _____	Vintage A or B
E-Mail Address _____		

- Single Membership = \$20.00 per year
- Family Membership = \$25.00 per year
- Event post card reminder = \$5.00 additional
- Event e-mail reminder = Free (please make sure your e-mail is filled out above)

Total payment = \$____.____

- Check
- Money order

Please make checks payable to: Columbia Observed Trials Association

Bring form to your first event or mail it to: Max Nelson
Attn: COTA
14935 SW Gearhart Dr
Beaverton, OR 97007